



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

TO: _____

FROM: _____

DATE: _____

RE: REQUEST TO APPOINT

We would like to appoint: ☐ Transfer ☐ Open Candidate ☐ Reinstatement ☐ **Contract***
Conversion**

NAME: _____

SS#: _____

ADDRESS: _____

DATE OF BIRTH: _____ **RACE/SEX:** _____

CLASSIFICATION: _____

PIN#: _____ **PCA Code (3-digit #):** _____ **AGENCY CODE:** _____

FUND CODE: _____ (If the fund code is changing, a separate written request must be submitted to your HR Officer)

Does this position supervise: ☐ yes ☐ no

EFFECTIVE DATE: _____ **OFFICE PHONE #** _____

This request is to hire above base: ☐ yes ☐ no (**Current State Employees Not Eligible**)

If yes, step requested: _____ (attach request to hire above base form and applicant's salary demand letter)

attachments: List of applicants interviewed & status

MS 100 – State Application

Release of Information (signed)***

Criminal Background Form (signed)***

Receipt of Position Description (signed)***

Reference Check***

EEO Applicant Data Form

Above base salary request (if applied)

Copy of Contracts***

NOTE: This form contains personal and confidential information, please make sure you keep completed forms in a secure place.